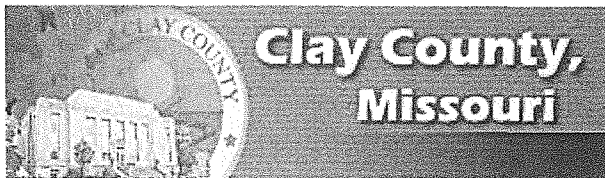


EXHIBIT B



Property Account Summary

Parcel Number	18115000401600	Property Address	3821 N KENSINGTON AVE MO , KANSAS CITY, MO 00000
---------------	----------------	------------------	--

General Information

Property Description	"BEG 535'W & 191'N OF SE COR NW1/4 NW1/4, N73, W145, S73, E145 TO POB"
Property Category	Land and Improvements
Status	Active, Locally Assessed
Tax Code Area	128

Property Characteristics

No Property Characteristics Found

Parties

Role	Percent	Name	Address	Since
Taxpayer	100	BURKE YVETTE	ETAL PO BOX 28875, KANSAS CITY, MO 64188-8875 UNITED STATES	10/18/2019
Owner	100	BURKE YVETTE	ETAL PO BOX 28875, KANSAS CITY, MO 64188-8875 UNITED STATES	10/18/2019
Mortgage Company	100	LAND AMERICA TAX SERVICE CO 2	1123 PARKVIEW DR, COVINA, CA 91724	10/30/2019

Property Values

Value Type	Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015
Assessed Value Total (AVR)	23,070	22,000	22,000	19,840	19,840
Taxable Value Total (TVR)	23,070	22,000	22,000	19,840	19,840

Events

Effective Date	Entry Date-Time	Type	Remarks
10/18/2019	2019-10-22 14:31:00.000	Taxpayer Changed	by asix
10/18/2019	2019-10-22 12:56:00.000	Owner Added	by asix
10/17/2019	2019-10-22 12:56:00.000	Owner Terminated	Load Party Information from file by asix

No Charges are currently due.

No Charge Amounts are currently due for this property. If you believe this is incorrect, please contact our office at (816) 407-3200.

Distribution of Current Taxes

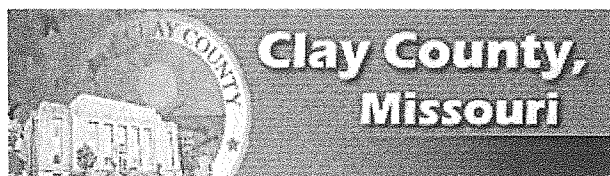
District	Amount	Voted Amount	Non-Voted Amount
COUNTY SERVICES	40.79	0.00	40.79
HANDICAP TAX	26.07	0.00	26.07
HEALTH TAX	21.73	0.00	21.73
KANSAS CITY	368.20	0.00	368.20
KCJC TAX	47.22	0.00	47.22
LIBRARY TAX	83.82	0.00	83.82
MENTAL HEALTH TAX	21.73	0.00	21.73
NORTH KANSAS CITY SCHOOL DISTRICT	1,430.87	0.00	1,430.87
STATE TAX	6.92	0.00	6.92

Receipts

Date	Receipt No.	Amount Applied	Amount Due	Tendered	Change
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12/17/2019	3675565	2,047.35	2,047.35	2,047.35	0.00
12/24/2018	3478582	2,043.32	2,043.32	2,043.32	0.00
12/21/2017	3258411	2,027.04	2,027.04	2,027.04	0.00
11/30/2016	2920893	1,809.23	1,809.23	1,809.23	0.00
12/10/2015	2757704	1,808.54	1,808.54	1,808.54	0.00

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Official Tax Payment Receipt

Receipt No.:	2757704	Date and Time:	12/10/2015	Print Date:	3/5/2020 9:07:19 PM
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Receipt Details

Parcel No.	Tax Year	TCA/District	Amount Applied	Unpaid Balance Amount*	Description
18115000401600	2015	128	1,808.54	0.00	A/V Principal-Residential

Name and Address Information

Name	Address	Tender Type	Amount Applied
BURKE YVETTE	ETAL ,KANSAS CITY ,MO64188-8875	Lock Box	1,808.54

Distribution to Districts

Parcel No.	Tax Year	Agency	Amount
18115000401600	2015	COUNTY SERVICES	38.291300000000
	2015	HANDICAP TAX	22.697000000000
	2015	HEALTH TAX	19.542500000000
	2015	KANSAS CITY	317.559900000000
	2015	KCJC TAX	46.485200000000
	2015	LIBRARY TAX	62.416800000000
	2015	MENTAL HEALTH TAX	19.225000000000
	2015	NORTH KANSAS CITY SCHOOL DISTRICT	1276.370200000000
	2015	STATE TAX	5.952000000000

Real Estate Legal Descriptions

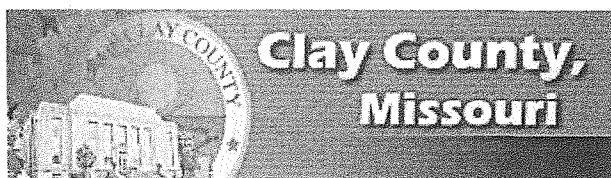
Parcel No.	Legal Line	Line No.
18115000401600	"BEG 535'W & 191'N OF SE COR NW1/4 NW1/4, N73, W145, S73, E145 TO POB"	1

***Interest and penalty will be assessed on any unpaid balance amount.** The unpaid balance amount shown on this receipt is valid as of time of payment. Changes in the taxable value may alter your unpaid balance amount.

Failure of this payment to clear your financial institution will void this receipt. A returned item fee and late penalty may be assessed.

Please verify with your financial institution that this payment has cleared.

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Official Tax Payment Receipt

Receipt No.:	2920893	Date and Time:	11/30/2016	Print Date:	3/5/2020 9:08:12 PM
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Receipt Details

Parcel No.	Tax Year	TCA/District	Amount Applied	Unpaid Balance Amount*	Description
18115000401600	2016	128	1,809.23	0.00	A/V Principal-Residential

Name and Address Information

Name	Address	Tender Type	Amount Applied
BURKE YVETTE	ETAL ,KANSAS CITY ,MO64188-8875	Lock Box	1,809.23

Distribution to Districts

Parcel No.	Tax Year	Agency	Amount
18115000401600	2016	COUNTY SERVICES	36.842900000000
	2016	HANDICAP TAX	23.450900000000
	2016	HEALTH TAX	19.542400000000
	2016	KANSAS CITY	319.543100000000
	2016	KCJC TAX	46.405800000000
	2016	LIBRARY TAX	62.555500000000
	2016	MENTAL HEALTH TAX	19.542400000000
	2016	NORTH KANSAS CITY SCHOOL DISTRICT	1275.395000000000
	2016	STATE TAX	5.952000000000

Real Estate Legal Descriptions

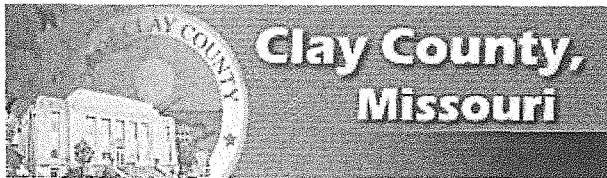
Parcel No.	Legal Line	Line No.
18115000401600	"BEG 535'W & 191'N OF SE COR NW1/4 NW1/4, N73, W145, S73, E145 TO POB"	1

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Official Tax Payment Receipt

Receipt No.:	3258411	Date and Time:	12/21/2017	Print Date:	3/5/2020 9:08:38 PM
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Receipt Details

Parcel No.	Tax Year	TCA/District	Amount Applied	Unpaid Balance Amount*	Description
18115000401600	2017	128	2,027.04	0.00	A/V Principal-Residential

Name and Address Information

Name	Address	Tender Type	Amount Applied
BURKE YVETTE	ETAL ,KANSAS CITY ,MO64188-8875	Personal Check	2,027.04

Distribution to Districts

Parcel No.	Tax Year	Agency	Amount
18115000401600	2017	COUNTY SERVICES	42.746100000000
	2017	HANDICAP TAX	25.982100000000
	2017	HEALTH TAX	21.648000000000
	2017	KANSAS CITY	356.532700000000
	2017	KCJC TAX	50.534100000000
	2017	LIBRARY TAX	87.186100000000
	2017	MENTAL HEALTH TAX	21.648000000000
	2017	NORTH KANSAS CITY SCHOOL DISTRICT	1414.162800000000
	2017	STATE TAX	6.600000000000

Real Estate Legal Descriptions

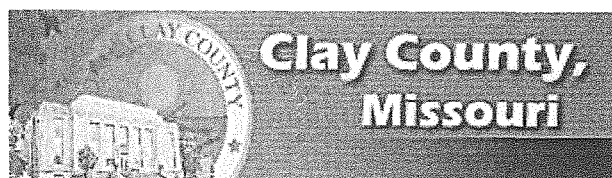
Parcel No.	Legal Line	Line No.
18115000401600	"BEG 535'W & 191'N OF SE COR NW1/4 NW1/4, N73, W145, S73, E145 TO POB"	1

***Interest and penalty will be assessed on any unpaid balance amount.** The unpaid balance amount shown on this receipt is valid as of time of payment. Changes in the taxable value may alter your unpaid balance amount.

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Official Tax Payment Receipt

Receipt No.:	3478582	Date and Time:	12/24/2018	Print Date:	3/5/2020 9:08:56 PM
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Receipt Details

Parcel No.	Tax Year	TCA/District	Amount Applied	Unpaid Balance Amount*	Description
18115000401600	2018	128	2,043.32	0.00	A/V Principal-Residential

Name and Address Information

Name	Address	Tender Type	Amount Applied
BURKE YVETTE	ETAL ,KANSAS CITY ,MO64188-8875	Wire Transfer	2,043.32

Distribution to Districts

Parcel No.	Tax Year	Agency	Amount
18115000401600	2018	COUNTY SERVICES	42.768100000000
	2018	HANDICAP TAX	25.960100000000
	2018	HEALTH TAX	21.648000000000
	2018	KANSAS CITY	373.626700000000
	2018	KCJC TAX	50.710100000000
	2018	LIBRARY TAX	87.186100000000
	2018	MENTAL HEALTH TAX	21.648000000000
	2018	NORTH KANSAS CITY SCHOOL DISTRICT	1413.172800000000
	2018	STATE TAX	6.600000000000

Real Estate Legal Descriptions

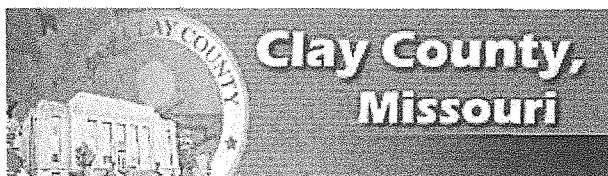
Parcel No.	Legal Line	Line No.
18115000401600	"BEG 535'W & 191'N OF SE COR NW1/4 NW1/4, N73, W145, S73, E145 TO POB"	1

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Official Tax Payment Receipt

Receipt No.:	3675565	Date and Time:	12/17/2019	Print Date:	3/5/2020 9:09:19 PM
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Receipt Details					
Parcel No.	Tax Year	TCA/District	Amount Applied	Unpaid Balance Amount*	Description
18115000401600	2019	128	2,047.35	0.00	A/V Principal-Residential

Name and Address Information			
Name	Address	Tender Type	Amount Applied
BURKE YVETTE	ETAL ,KANSAS CITY ,MO64188-8875	Wire Transfer	2,047.35

Distribution to Districts			
Parcel No.	Tax Year	Agency	Amount
18115000401600	2019	COUNTY SERVICES	36.369800000000
	2019	HANDICAP TAX	26.069100000000
	2019	HEALTH TAX	21.731900000000
	2019	KANSAS CITY	372.614900000000
	2019	KCJC TAX	47.224300000000
	2019	LIBRARY TAX	83.817300000000
	2019	MENTAL HEALTH TAX	21.731900000000
	2019	NORTH KANSAS CITY SCHOOL DISTRICT	1430.869800000000
	2019	STATE TAX	6.921000000000

Real Estate Legal Descriptions		
Parcel No.	Legal Line	Line No.
18115000401600	"BEG 535'W & 191'N OF SE COR NW1/4 NW1/4, N73, W145, S73, E145 TO POB"	1

***Interest and penalty will be assessed on any unpaid balance amount.** The unpaid balance amount shown on this receipt is valid as of time of payment. Changes in the taxable value may alter your unpaid balance amount.

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Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MISSOURI

Case number (if known)

Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Yvette

First name

M.

Middle name

Burke

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2467

Debtor 1 Yvette M. Burke

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**3821 North Kensington Avenue
Kansas City, MO 64117**

Number, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

Clay
County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

**POB 28875
Kansas City, MO 64188**

Number, P.O. Box, Street, City, State & ZIP Code

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing *this district* to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Yvette M. Burke**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13
- Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
8. How you will pay the fee ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. Have you filed for bankruptcy within the last 8 years? ☒ No.
☐ Yes.
- | | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No.
☐ Yes.
- | | | | |
|-----------------------|-------|---------------------|-------|
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Case number, if known | _____ | | |
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Case number, if known | _____ | | |
11. Do you rent your residence? ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you?
☐ No. Go to line 12.
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Yvette M. Burke

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No.

Go to Part 4.

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

☒ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Yvette M. Burke**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.
- If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.
- If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Yvette M. Burke

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c. State the type of debts you owe that are not consumer debts or business debts
<hr/>	
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>	
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999
	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000
	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>	
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million
	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million
	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>	
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million
	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million
	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Yvette M. Burke

Yvette M. Burke

Signature of Debtor 1

Signature of Debtor 2

Executed on December 23, 2019

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 Yvette M. Burke

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Errin P. Stowell MO

Date

December 23, 2019

Signature of Attorney for Debtor

MM / DD / YYYY

Errin P. Stowell MO 70499

Printed name

WM Law, PC

Firm name

15095 West 116th Street

Olathe, KS 66062

Number, Street, City, State & ZIP Code

Contact phone (913) 422-0909

Email address

bankruptcy@wagonergroup.com

MO 70499 MO

Bar number & State

Fill in this information to identify the case:

Document Page 1 of 4

Debtor 1 Yvette M BurkeDebtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number 19-43182

Official Form 410S1

Notice of Mortgage Payment Change

12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any changes in the installment payment amount. File this form as a supplement to your proof of claim at least 21 days before the new payment amount is due. See Bankruptcy Rule 3002.1.

Name of creditor: Alabama Housing Finance AuthorityCourt claim no. (if known): 6Last 4 digits of any number you use to
identify the debtor's account:9 3 7 8

Date of payment change:

Must be at least 21 days after date
of this notice04/01/2020

New total payment:

Principal, interest, and escrow, if any

\$ 902.51**Part 1: Escrow Account Payment Adjustment**

1. Will there be a change in the debtor's escrow account payment?

☐ No☒ Yes. Attach a copy of the escrow account statement prepared in a form consistent with applicable nonbankruptcy law. Describe the basis for the change. If a statement is not attached, explain why: _____Current escrow payment: \$ 480.74New escrow payment: \$ 365.78**Part 2: Mortgage Payment Adjustment**

2. Will the debtor's principal and interest payment change based on an adjustment to the interest rate on the debtor's variable-rate account?

☒ No☐ Yes. Attach a copy of the rate change notice prepared in a form consistent with applicable nonbankruptcy law. If a notice is not attached, explain why: _____

Current interest rate: _____%

New interest rate: _____%

Current principal and interest payment: \$ _____

New principal and interest payment: \$ _____

Part 3: Other Payment Change

3. Will there be a change in the debtor's mortgage payment for a reason not listed above?

☒ No☐ Yes. Attach a copy of any documents describing the basis for the change, such as a repayment plan or loan modification agreement. (Court approval may be required before the payment change can take effect.)

Reason for change: _____

Current mortgage payment: \$ _____

New mortgage payment: \$ _____

Debtor 1 Yvette M Burke Case number (if known) 19-43182
First Name Middle Name Last Name

Part 4: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

- ☒ I am the creditor.
☐ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

X/s/Marilyn Turner Date 02/25/2020
Signature

Print: Marilyn Turner Title Bankruptcy Specialist
First Name Middle Name Last Name

Company Alabama Housing Finance Authority

Address PO Box 242928
Number Street
Montgomery AL 36124
City State ZIP Code

Contact phone 334-244-5127 Email mturner@servsol.com

TRIAL ESCROW ANALYSIS

BILLING N/A: YVETTE BURKE
PO BOX 28875
KANSAS CITY MO 641880000

PROPERTY ADDR: 3821 N KENSINGTON AVE
KANSAS CITY MO 64117-0000

TYP	SQ	EXPENSE	ITEM	DUE	TERM	PRESENT DEPOSIT	EST	NEXT DISB	NEW DEPOSIT	PMT EL	REQUIRED BALANCE
310	07	MIP	RBP	12/20	12	74.77	00	879.00	73.25	03	219.75
312	01	COUNTY	TAX	11/20	12	170.28	00	2047.35	170.61	04	682.44
351		HAZARD	INS	11/20	12	98.50	00	1463.00	121.92	04	487.68
MIN		MIN	BAL ADJ				00				365.30
ADJ		SHORTAGE	ADJ			137.19	00				
		P&I		536.73				ESCROW BAL			1,332.22
		ESCROW	PMT	365.78		22.23					
		SPREAD	AMT	0.00		0	MOS	-	REQUIRED		1,755.17
		REP	RES	0.00				=	OVER/SHT		0.00
		A&H		0.00		ESTIMATE			SHORTAGE		SPREAD
		LIFE		0.00		LATE	CHG NO		DLQ	OVG	LEAVE
		CTHER		0.00		CASH	BASIS ANALYSIS		MIN-BAL		2.000
		TOTAL	PMT	902.51		114.96-			BILLS PAID		AFTER PMT

CERTIFICATE OF SERVICE

I hereby certify that I have served a true and correct copy of the foregoing Notice of Payment Change to the parties listed below by placing a copy of the same in the United States Mail first-class, postage prepaid, on this the 25th day of February 2020.

/s/Marilyn Turner
Marilyn Turner
Bankruptcy Specialist

Yvette M. Burke
POB 28875
Kansas City, MO 64188

Errin P. Stowell
WM Law
15095 W 116th Street
Olathe, KS 66062

Richard Fink
Suite 1200
2345 Grand Blvd.
Kansas City, MO
64108-2663